

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6948</u>	2. Fiscal Year Covered From: <u>01 / 01 / 04</u> Through: <u>12 / 31 / 04</u>
3. Name and address of person filing. Name <u>WALTER A. BARROWS</u> P.O. Box, Bldg., Room No., if any Street <u>123 CAVALRY CT</u> City <u>STRASBURG</u> State <u>VA</u> ZIP Code + 4 <u>22657</u>	4. Name, file number, and address of labor organization. Name <u>Brotherhood of Railroad Signalmen</u> Labor Organization File Number <u>000-167</u> P.O. Box, Building and Room Number, if any Street <u>917 Shenandoah Shores Rd</u> City <u>FRONT ROYAL</u> State <u>VA</u> ZIP Code + 4 <u>22630</u>
5. Position in labor organization. <u>SECRETARY TREASURER</u>	

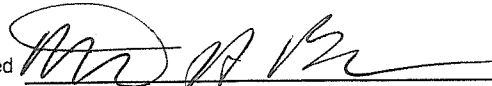
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

8/8/05
Date

540-622-6522
Telephone Number

Name of Person Filing WALTER A. BARROWS	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name United Healthcare Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 450 Columbia Blvd City HARTFORD State CONNECTICUT ZIP Code + 4 06115-0453	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input checked="" type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name National Carriers Conference Committee Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1901 L Street City WASHINGTON State D.C. ZIP Code + 4 20036	11.a. Nature of such dealing. United Healthcare (UHC) provides healthcare plan to union and administrators and provides healthcare plan to the railroad employees. Union plan 350K annually. Railroad plan 1.2 billion 11.b. Approximate dollar value of such dealing. 1,200,000,000. 12.a. Nature of interest held or income received. In the normal course of business UHC has provided dinner and golf to my spouse and I. 12.b. Amount. \$2,743.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Railroad Retirement Investment Trust NRRIT Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 500 Street 1250 Eye Street NW City WASHINGTON State D.C. ZIP Code + 4 20005	14.a. Nature of payment. Expenses for meals and lodging during 2004 while serving as Labor Trustee on the NRRIT Board. <table style="width: 100%;"> <tr> <td style="width: 50%;">11/14</td> <td style="width: 50%;">72 meals</td> </tr> <tr> <td>4-14 to 4-16</td> <td>690 Lodging</td> </tr> <tr> <td>4-14 to 4-16</td> <td>72 meals</td> </tr> <tr> <td>5/20</td> <td>836 Reimbursement</td> </tr> <tr> <td>7/7</td> <td>109 meals.</td> </tr> </table>	11/14	72 meals	4-14 to 4-16	690 Lodging	4-14 to 4-16	72 meals	5/20	836 Reimbursement	7/7	109 meals.
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7/7	109 meals.										
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.										

Name of Person Filing <i>Walter A. Barrows</i>	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <i>Value OPTIONS</i></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <i>12369 Sunrise Valley Dr.</i></p> <p>City <i>Reston</i></p> <p>State <i>VA</i> ZIP Code + 4 <i>20191</i></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <i>National Carriers Conference Committee</i></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <i>Suite 500</i></p> <p>Street <i>1901 L STREET NW</i></p> <p>City <i>WASHINGTON</i></p> <p>State <i>DC</i> ZIP Code + 4 <i>20005</i></p>	<p>11.a. Nature of such dealing.</p> <p><i>VALUE OPTIONS is a healthcare provider TO THE UNION and COVERED Railroad employees</i></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <i>\$24,700.000</i></p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p><i>In The NORMAL course of buisness Value Options has provide golf and lunch as part of outing.</i></p> <hr/> <p>12.b. Amount. <i>\$145.00</i></p>